

Access Crisis Intervention (ACI) Expectations

Goal of ACI: To assess and **provide assistance (or appropriate intervention) for** an acute psychiatric crisis, link individuals with services, resources and supports, and **maintain individuals in the least restrictive setting and in the community when clinically feasible**. ACI provides a timely response, intervention, and referral for persons experiencing a mental health crisis 24 hour per day and 7 days per week.

Components of ACI include:

- 24 hour phone response/consultation
- **Arranging next day appointments**
- Mobile Response: Face to face evaluation
- **Technical assistance to referral sources as to how to complete an involuntary commitment**

ACI PROVIDERS ARE EXPECTED TO:

1. Provide 24 hours/7 days a week phone response.
2. Crisis Worker staff providing telephone hot line services must have immediate access to a qualified mental health professional.
3. The designated **crisis worker** is to offer assistance and perform a **mental health screening** of the person experiencing the crisis sufficient to render one of the following clinical dispositions:
 - a. Resolution of the crisis or issue over the phone without the need for any additional services.
 - i. If the crisis does not appear to involve any mental health issues, but there are concerns about safety to self or others, law enforcement or the appropriate social service agency is notified (e.g., DHSS, Children's Division, etc.)
 - ii. OR if there is NO concern about safety to self or others, but a need for other social services, a referral to the appropriate social service agency is generated.
 - b. If the crisis involves mental health issues and there is need for additional services:

- i. AND the individual is NOT judged to be at imminent risk to self or others
 1. If an existing consumer of the DMH, the individual is referred to the original provider for ongoing care.
 2. If not an existing consumer of DMH **and judged as ineligible for DMH services, a referral to an appropriate provider is generated.**
 3. **If not an existing consumer of DMH, but may be eligible for CPRC services, a next day or regular appointment is scheduled with the CHMHC, based on the assessed clinical urgency.**
- ii. OR the individual IS judged to be at imminent risk to themselves or others:
 1. 911 is called if the individual is judged as unable or unwilling to present to the Emergency Department or is possession of a weapon or other means by which to effect immediate harm to self or others. If law enforcement is involved, the Mobile Response Team is to remain available and involved until the emergency is resolved, but is under no obligation to place themselves in harm's way.
 2. If emergency medical services are judged as needed for either medical or psychiatric reasons, the individual is directed to the closest Emergency Department. **The mobile response team may assist in the disposition of the crisis, based on established relationships with local Medical Centers, particularly if the Medical Centers include a psychiatric unit, as to the referral process OR**
 3. A Mobile Response Team is referred by the designated **crisis worker** to the scene for further assessment and disposition; AND
4. Relative to civil commitment, the designated **crisis worker** will consult and assist individuals and agencies in completing affidavits and applications to initiate civil commitment with the Probate Court. This is to include consultation and assistance to ***DHSS staff and primary responders in the event that one of their investigations determines a need for mental health services*** for which civil commitment may prove necessary.

- a. The designated crisis worker **will** act as liaison with the Probate Court for the civil commitment process.
 - b. In cases in which the designated **crisis worker** has first-hand information, he or she will complete affidavits and file applications for civil commitment with the Probate Court.
 - c. If the designated crisis worker **determines** that civil commitment is the appropriate clinical response, it is his or her responsibility to follow up and follow through with the process, whether by technical assistance on the phone or by direct face-to-face assistance **including contacting local law enforcement (preferably CIT if available) to request transport to the emergency room and to the psychiatric facility with available capacity.**
 - d. If the designated **crisis worker** determines that civil commitment is not necessary he or she will work with others to determine appropriate referral and possible service interventions.
5. **Respond to the request of** local institutions of higher education to develop relationships necessary for the development of appropriate crisis response systems on college campuses

ACI has no obligation:

- To conduct formal investigations by interviewing collateral contacts (employers, neighbors, etc.). **However it is appropriate to speak with immediate family in the course of a mental health screening.**
- To conduct civil commitments on behalf of private psychiatric facilities or university hospitals with psychiatric programs. It is appropriate to provide technical assistance but direct face -to -face assistance should not be necessary.

To put mobile response staff in unsafe situations (e.g. if someone is armed with a weapon, 911 should be contacted to ensure the police involvement).